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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: SMA	rt Seats LLC Name of Lim	ited Liability Company	
	nendment and fee(s) are sub		
	DanieL	DAYAN Name of Person	. <u>. </u>
	ORDERTICKATS	Firm/Company	
		5th Way Uni	+202
	FORT LOOK	City/State and Zip Code Jertickets: Com To be used for future annual report notifi	509
	E-mail address: (to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca		
Danke D Name of P	Da yoN erson	at (317) 671 L Area Code Daytime	567 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section of Corp.O. Box 6327		Street Address: Registration Secon Division of Corporate Contraction of Taxon The Centre of Taxon Street Address:	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART SEATS	LLC
(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000 2645</u> 46 This amendment is submitted to amend the following:	were filed on 6/07/2
·	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Same as before
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	same as before
	3 1111
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Desires and OOT 1991	202
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Zip Gode
 -	红
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
.			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	DANIEL DATAN Typed or printed name of signee